

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	<i>DM</i>	32	5/15
FORMALITY REVIEW	<i>IM</i>	50864	6/15/01
RESPONSE FORMALITY REVIEW	<i>CK</i>	1109	10-06-01

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 (Through numeral).... Canceled      A ..... Appeal  
 - ..... Restricted      O ..... Objected

Claim	Date
Final Original	
1	5/15/01
2	5/15/01
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Claim	Date
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If more than 150 claims or 10 actions  
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